

# Parent Perspectives of Peer Relationships and Friendships in Integrated and Specialized Programs

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In-depth interviews of a large community-based sample of mothers of preschool-age children with established disabilities and those classified as at-risk were conducted focusing on issues of children's peer relations and friendships. Results revealed that mothers of children enrolled in both integrated and specialized programs perceived their respective settings as valuable for the development of their child's peer relations and friendships. Mothers of children in integrated settings reported that their child played better and was more social due to the participation of children without special needs. A similar pattern was obtained for mothers of children enrolled in specialized programs in response to a hypothetical situation. Nevertheless, both groups of mothers were clearly concerned about peer rejection and noted the importance of having other children with special needs in the program available as a means of promoting tolerance and acceptance.

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The emergence of community-based programs that integrate preschool-age children with and without disabilities has been accompanied by an extensive examination of critical issues related to the process of service provision and to the general impact of inclusive programs on children and families (Guralnick, 1990a; Lamorey & Bricker, 1993; Odom & McEvoy, 1988). One issue that is central to inclusive programs concerns young children's social interactions with their peers and their ability to establish friendships. In part, the prominence of this issue stems from the fact that peer relations and friendships represent, perhaps more than any other aspect of development, an expression of the philosophical and ideological basis of inclusive programs. The concepts of ac-

ceptance, rejection, social integration, and social isolation are all linked to children's interactions with their peers.

In addition to its central role related to the goals of inclusive programs, interest has occurred because establishing successful relationships with peers and forming friendships constitute vital developmental tasks during the preschool years and carry important implications for children's cognitive, communicative, and general prosocial development as well as for an emerging sense of self (Bates, 1975; Garvey, 1986; Hartup, 1983; Howes, 1988; Rubin & Lollis, 1988). Moreover, parents of preschool-age children with and without disabilities recognize the significance of peer relations and friendships, highly valuing social development (Quirk, Sexton,

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Ciottone, Minami, & Wapner, 1984).

Observational and sociometric research have contributed to our understanding of the impact of inclusive programs on young children's peer relations and friendships. One general finding is that the peer-related social interactions of children with disabilities occur at a higher level in integrated in comparison to specialized programs (Buysse & Bailey, 1993; Guralnick & Groom, 1988a; Miller et al., in press). Direct observations of social interaction patterns in integrated settings also suggest the value of inclusive settings for children with disabilities. Specifically, in integrated settings, children with disabilities interact extensively with their typically developing peers; numerous opportunities exist for observational learning, such as that which occurs during parallel play; and the peer-related social/communicative environment appears to be appropriate and responsive because children without disabilities are able to make necessary adjustments in accordance with the developmental status of their peers (Guralnick & Groom, 1987; Guralnick & Paul-Brown, 1980, 1984; but see Vandell & George, 1981, for an exception).

Yet it is also evident that children with disabilities experience considerable difficulties with their peers in integrated settings. In general, despite the occurrence of more frequent and positive social exchanges on the part of children with disabilities in integrated as opposed to specialized settings, typically developing children actually interact with children with disabilities less frequently than would be expected in terms of their availability, children with disabilities are less accepted and more rejected based on peer sociometric and discourse analyses, and have far more difficulty establishing reciprocal friendships than do developmentally matched typically developing children (Guralnick & Groom, 1987, 1988b; Guralnick & Paul-Brown, 1984, 1989; Hadley & Rice, 1991). Moreover, despite the fact that extensive individual variation exists, problems in

peer-related social competence are nevertheless characteristic of a disproportionately large number of children with disabilities (Guralnick, 1990b), with corresponding difficulties in interacting with peers and establishing friendships expected to occur in *any* setting.

The complexity and ambivalence associated with this issue are also reflected in parents' perceptions. Interview, survey, and questionnaire data addressing the benefits and drawbacks of integrated programs have often included questions related to social interactions or social acceptance. In general, the responses of parents of children with disabilities have indicated that they believe integrated programs promote acceptance or facilitate the social skills of their child (Bailey & Winton, 1987; Blacher & Turnbull, 1982; Guralnick, 1994; Reichart et al., 1989). However, when questioned about possible drawbacks of integrated settings, considerable concerns are reported in connection with possible rejection or ignoring of their child by other children (Bailey & Winton, 1987; Guralnick, 1994; Turnbull, Winton, Blacher, & Salkind, 1982).

It is important to point out that only a few questions on these general surveys of the benefits and drawbacks of integration have focused on peer relations, friendships, or social acceptance. Beyond the fact that these questions have not been phrased in any uniform way, little or no opportunity has been given to parents to express the rationales for their opinions. In general, investigators have not probed the details of the actual or anticipated effects of inclusive or noninclusive settings nor of parental beliefs in relation to the possible contributions of children with and without disabilities to specific aspects of social play with peers and to the development of friendships. Also absent are comparisons across children with different disabilities, a factor that may influence the perspectives of parents on these issues (see Stoneman, 1993). Yet parents have historically played a central role in fostering change in service systems and provide unique perspectives

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on critical issues (Turnbull & Turnbull, 1990). Accordingly, in view of the ambivalent results from existing surveys of parents and observational and sociometric research on children's peer interactions, it is vital that a thorough understanding be obtained of parental perceptions of the impact of integrated and specialized settings on the development of their child's peer relations and friendships.

To obtain information about parental perceptions in this study, we administered a detailed interview focusing directly on issues related to peer relations and friendships to a large community-based sample consisting of families whose children were enrolled in integrated as well as specialized programs. A unique feature of these in-depth interviews was the use of probe questions to elicit the rationales of parents following their initial responses to questions. For children enrolled in integrated programs, descriptive information was obtained from parents examining how valuable they perceived this setting to be in relation to fostering their child's peer relations and friendships, the contributions of children with and without special needs to their child's social interactions with peers, concerns regarding rejection, and the importance of having other children with special needs available in the program. A similar set of issues was examined for families of children enrolled in specialized programs, although a hypothetical situation was established to evaluate the relative contributions of children with and without disabilities. In addition to these analyses, which emphasized comparisons among groups of children with different disabilities in integrated or specialized settings, comparisons were also made between matched groups whose children were enrolled in integrated and specialized programs in relation to perceptions of the value of their respective setting in facilitating their child's peer relations and friendships. Parental satisfaction with non-social aspects of the setting and associations between parental perspectives, family

demographics, and child characteristics were also examined.

## Method

### *Sample*

Children meeting criteria for classification as having either cognitive delays, communication disorders, or physical disabilities or being at-risk (see below for definitions) were recruited through formal contact with local school districts and community agencies providing services to young children with disabilities in a large metropolitan community in the northwestern United States. Because we were interested in parents' perspectives in relation to preschool programs, only children enrolled in some form of regular integrated (see later discussion), specialized, or combination of programs were selected. To be included in the sample, children were required to be between 48 and 71 months of age and meet inclusion criteria for one of the disability or at-risk categories. Children who were legally blind, had major uncorrected hearing loss, lived with the primary caregiver for less than 6 months, or currently lived in a home without a female caregiver were excluded from the study. No attempt was made to recruit children enrolled in programs serving those with severe or multiple disabilities. Non-English-speaking families were also excluded.

Records of children whose parents consented to participate were carefully reviewed. In addition, for classification purposes only, the revised version of the Wechsler Preschool and Primary Scale of Intelligence—WPPSI-R (Wechsler, 1989) was administered to children individually. Full-Scale IQs as well as performance (PIQ) and verbal (VIQ) scores were obtained. The revised version of the Test for Auditory Comprehension of Language (Carrow-Woolfolk, 1985) also was individually administered. This test consists of scales for word classes and relations, grammatical morphemes, and elaborated sentences, but we only used the total score (standard

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score) for categorization purposes in the present study.

On the basis of this information, children were placed into one of four groups representing specific special needs. (The term *special needs* was used to characterize children for parents participating in the interviews. This generic term is generally understood by families, is commonly used by service providers, and represents the broad developmental range of children in this sample.)

The first group contained children with cognitive delays, those who obtained WPPSI-R Full Scale IQs of 80 or below and who did not meet criteria for children with physical disabilities. Children were excluded from this category if they obtained a PIQ or Test for Auditory Comprehension of Language-Revised score greater than 90. Classified here as well were children who received scores of 0 on at least three subtests for either the performance or verbal scales of the WPPSI-R. The Communication disorders group contained children who obtained a PIQ of 90 or greater or Full-Scale IQ greater than 85 and completed a comprehensive speech and hearing assessment administered by qualified professionals resulting in a categorical diagnosis of communication disorder and a recommendation for regular therapy. In addition, to be classified with communication disorders a child must have met one of the following criteria: (a) PIQ > VIQ differential of at least 15 points, (b) a Test for Auditory Comprehension of Language-Revised total score of 90 or less, or (c) a diagnosed articulation disorder. The physical disability group was composed of children with a clearly diagnosed physical impairment, such as cerebral palsy or spina bifida. The at-risk group was composed of children who obtained a Full-Scale IQ between 81 and 90 and did not meet criteria for any other classification. In addition, to be included in the at-risk category, children must have been receiving early intervention services by their local school districts. Most common areas of concern were related to fine- and gross-motor de-

lays or relatively minor speech and language difficulties.

Recruitment continued until a minimum of 280 families agreed to participate, including at least 25 families from the physical disability group (due to its low incidence) and the at-risk group (due to the limited number of at-risk children receiving services by school districts). From this larger sample, mothers of 262 subjects in the four special needs groups completed the interview.

### ***Child Characteristics and Family Demographics***

Other child characteristic measures were obtained in addition to the WPPSI-R and the Test for Auditory Comprehension of Language-Revised scores. First, to supplement the receptive language assessment of the Test for Auditory Comprehension of Language-Revised, the expressive components of the Preschool Language Scale were administered (Zimmerman, Steiner, & Pond, 1979). Because of the lack of standardization, only raw scores were used (range = 0 to 48 for verbal ability and 0 to 23 for articulation). Second, the Vineland Adaptive Behavior Scales Survey Form (Sparrow, Balla, & Cicchetti, 1984) was administered to mothers by trained interviewers. Standard scores were obtained for each of the four domains (Communication, Daily Living Skills, Socialization, and Motor Skills) as well as for the total adaptive behavior score. Third, the mother's assessment of her child's behavior problems was obtained from the Child Behavior Checklist (Achenbach & Edelbrock, 1983). Mothers rated the frequency of different behavior problems from a 118-item questionnaire using a 3-point scale. Only the broad band internalizing and externalizing scales (Tscores), in conjunction with a total behavior problem score, were used. Higher scores indicate greater perceived behavior problems.

Finally, responses to a parent ques-

tionnaire provided basic demographic information on marital status, child's gender and ethnicity, maternal age, and the parents' employment status, occupation, and education. The Hollingshead Four Factor Index of Social Status (Hollingshead, 1975) was used to calculate a measure of family status (range = 8 to 66). Table I presents the number of subjects with completed interviews from each of the four groups, as well as individual child characteristic and demographic measures.

## Procedure

Following agreement by the family to participate in the study, we mailed them a packet containing questionnaires and consent forms. The questionnaires included requests to provide demographic information and to complete the Child Behavior Checklist. (This mailing also included other scales related to their child's peer relations that were part of a larger investigation of parental perspectives on children's peer-related social development as well as as-

**Table 1**  
**Sample Characteristics by Group**

Sample characteristic	Group							
	Cognitive delay' (n = 116)		Communication disorder (n = 84)		Physical disability (n = 30)		At-risk (n = 32)	
	Mean or %	SD	Mean or %	SD	Mean or %	SD	Mean or %	SD
Program type								
Integrated (%)	16.4		<b>34.5</b>		20.0		15.6	
Specialized (%)	<b>83.6</b>		65.5		80.0		84.4	
Demographics								
Child's age <sup>o</sup>	<b>58.65</b>	7.36	<b>58.15</b>	5.61	60.00	6.17	58.59	6.69
Child's gender <sup>o</sup> (%)	69.0		75.0		<b>53.3</b>		75.0	
Child's ethnicity <sup>o</sup> (%)	82.9		88.0		89.7		74.2	
Mother's age <sup>e</sup>	<b>34.63</b>	6.07	33.80	4.64	34.10	5.44	35.48	7.04
Mother's education	<b>13.99</b>	1.90	13.90	1.67	14.28	1.49	13.52	2.34
Marital status <sup>f</sup>	92.8		82.9		75.9		71.0	
Family social status	43.12	13.70	43.91	13.69	39.55	12.69	38.68	14.05
Child characteristics								
WPPSI-R								
Full-Scale IQ	<b>63.39</b>	11.29	96.68	11.01	85.87	22.23	85.69	2.48
Performance IQ	65.29	12.60	104.14	10.82	84.30	22.51	86.03	5.11
Verbal IQ	67.14	10.93	91.11	12.87	89.77	19.09	88.09	4.47
TACL-R'								
Total scale	<b>63.29</b>	18.48	91.69	15.16	85.97	19.80	86.00	10.01
Word class & relations	62.59	32.29	92.42	15.66	86.17	24.64	89.06	9.90
Grammatical morphemes	<b>68.51</b>	18.53	91.49	15.29	85.43	20.24	87.41	11.62
Elaborated sentences	<b>74.84</b>	10.90	96.42	14.74	93.57	16.78	89.00	10.34
Verbal ability	17.65	8.14	<b>28.54</b>	6.71	30.90	9.40	29.06	6.45
Articulation	10.92	6.16	14.18	4.19	15.70	6.82	15.00	4.46
Total adaptive behavior	65.97	11.16	84.61	14.41	72.60	15.95	75.72	10.44
Communication	69.08	11.93	<b>82.45</b>	11.48	87.33	17.40	78.19	10.65
Daily living skills	<b>69.58</b>	13.25	89.02	<b>15.53</b>	73.27	17.30	81.03	13.68
Socialization	79.59	11.73	92.23	14.97	92.07	16.94	85.63	13.57
Motor skills	66.25	16.17	89.17	17.24	58.03	18.50	78.56	16.32
CBCL'								
Total behavior problems	<b>56.86</b>	10.28	55.76	10.80	54.90	7.18	58.32	8.17
Externalizing	<b>53.04</b>	11.13	53.77	11.84	51.00	9.32	55.32	8.13
Internalizing	<b>48.31</b>	10.07	52.12	10.28	50.62	8.72	53.77	8.21

'Number of subjects may vary slightly for each measure due to incomplete data sets, particularly on the WPPSI-R for children with significant cognitive delays. <sup>o</sup>Calculated in months. Percentage male. Percentage Caucasian. <sup>e</sup>Calculated in years. <sup>f</sup>Percentage partnered. <sup>h</sup>Hollingshead Four-Factor Index of Social Status. <sup>o</sup>Wechsler Preschool and Primary Scale of Intelligence-Revised; VIQ = verbal IQ; PIQ = performance IQ; FSIQ = Full-Scale IQ. <sup>i</sup>Test of Auditory Comprehension-Revised. <sup>j</sup>Preschool Language Scale. <sup>k</sup>Vineland Adaptive Behavior Scales. <sup>l</sup>Child Behavior Checklist.

assessments of social support, stress, and the child's social network.) Two separate appointments with the mothers were then arranged to administer the Vineland Adaptive Behavior Scales and to complete the interviews. Questionnaires and consents were also collected during these visits, and additional information was gathered related to the larger study.

During this period, individual testing of children was carried out primarily at their preschool program by research assistants trained and supervised on the various assessment instruments by licensed psychologists and a communication disorders specialist. Training staff made periodic observations of assessment sessions during the course of the study, and each measure was rechecked for accuracy and correct use of tables before final entry for analysis.

### ***Placements of Children in Preschool Programs***

Mothers were first interviewed to obtain information with respect to their child's current preschool placement. Information was obtained as to the nature and extent of the involvement of typically developing children in their child's preschool program to permit a classification of the program into either an *integrated* (standard involvement or planned interactions with typical children) or a *specialized* program (program contains only children with special needs and no planned exchanges with typical children exist). Programs considered as mainstreamed, reverse mainstreamed, and those containing planned integration experiences with typical children were all placed in the integration category for subsequent analyses (see Guralnick & Groom, 1988a; Odom & McEvoy, 1988, for definitions). From the total of 262 children with special needs, 59 were classified as participating in integrated programs, the remaining 203 in specialized programs. Children enrolled concurrently in both specialized and integrated programs were placed in the inte-

grated category. Information was also obtained from the mother on the program's staffing patterns (including resource staff available), location, extent of child's participation, developmental approach, goals of the program, reasons why the current program was selected, and the frequency with which the mother observed her child in the program.

### ***Interviews on Peer Relations and Friendships***

In-depth interviews of mothers of children in the four special needs groups were carried out to examine the relation among disability group, type of educational placement, and perceptions of the development of their child's peer relations and friendships. Interviewers presented a series of individual questions that could typically be responded to with brief answers indicating agreement, disagreement, uncertainty, or lack of information. If an answer was not spontaneously offered, each question was then followed by "probes," which asked mothers to provide rationales for their responses. Mothers' responses were recorded verbatim and then coded (see following discussion).

Separate but related interviews were developed for mothers of children participating in integrated or specialized settings. In the first section mothers of children in integrated programs were asked a series of questions examining their perceptions of the value of that setting in facilitating their child's peer relations. (Occasionally, questions on similar topics were placed in different sections due to the length of a particular section or to minimize the possibility that mothers would fall into a general pattern of responding.)

Specific questions focused on the value of the setting (and corresponding rationales) in relation to sharing, resolving conflicts, cooperating with peers, encouraging play, and learning from observing other children in the program. Additional questions addressed the behavior of their child's peers in relation to social play

interactions and whether gains in peer-related social play occurred, possibilities for rejection by peers, and the impact of the setting on their child's self-esteem.

The second section addressed the issue of friendships. Mothers were asked whether the setting in which their child participated facilitated the development of friendships (a specific definition was provided). A list of best friends was also obtained, including information regarding the friend's age, gender, special needs, duration of the friendship, and location when first met. In a related issue, mothers were asked about the potential value of playing with younger or same-age peers without special needs.

In the first two sections, when probed, mothers could have indicated that the setting was valuable because of the characteristics of the peers. However, teacher-related and other rationales, including the impact of classroom structure, were also expected to occur frequently. Accordingly, the next two sections of this interview were designed to focus the mothers more directly on the impact of the characteristics of the peers in the setting. Specifically, the third section probed differences that might exist as a consequence of opportunities to interact with children with and without special needs. Mothers were asked the extent to which their child played with peers representing special needs or nonspecial needs groups and whether their child's peer-related social interactions benefited more from playing with children from one or the other group.

The fourth section focused on mothers' perceptions of the value of having children with special needs available in their child's preschool program. The primary issues addressed were the importance of having other children with special needs in the program, possible unique benefits to their child in terms of social play, effects on the child participating in a specialized program (containing children with similar special needs), and any concerns should children with special needs

form separate playgroups in integrated programs.

The final section of the interview examined the general educational/ developmental environment that is not directly connected to peer relations and friendships. An initial set of questions focused on the extent to which appropriate demands were being placed on the child to learn skills and information not related to social play, whether the pace and complexity of the program were appropriate, how the educational program was adapted to their child's special needs, and whether any characteristics of the program prevented full participation of their child, including physical barriers. These questions were presented without reference to the presence of children without special needs. Mothers were also asked about the related services their child received, whether an Individualized Educational Plan (IEP) was completed, and whether and how teachers should discuss or describe their child's special needs to other children in the program.

The interview protocol for children enrolled in specialized programs followed a similar structure. The first section focused on the value of the specialized setting with regard to children's peer relations; the second, on friendships. One major difference, however, was the third section, which focused on mothers' perceptions of the relative contributions of children with or without disabilities. In this instance, respondents were asked to envision a situation in which their child was enrolled in an integrated program. Once that was established, a set of questions similar to those of mothers of children enrolled in integrated settings was presented. Emphasis was placed on the potential impact of the presence of children without special needs on the social skills, conflict resolution, friendship formation, and rejection of their child with special needs. Questions also were similar to the integration interview regarding age preferences, the possibility of different expecta-

tions placed on the children with special needs by teachers, issues related to the pace and complexity of the setting, and impact on the child's self-esteem or self-image. The remaining two sections of the integration interview focused on the value of the availability of children with special needs and an assessment of the educational/developmental environment.

## **Coding**

As noted, each question typically generated a brief response indicating overall agreement, disagreement, or uncertainty. A series of codes reflecting the range of possible initial answers (yes, no, alright, fair, not matter, not know/not sure) as well as other codes specific to individual questions were established.

For probes, we conducted a content analysis by using an iterative process for each separate question. By maintaining a broad set of response categories (schemas), we were able to apply the same schema to a series of related questions. A total of 35 separate coding schemas were needed to be responsive to all questions on the two interviews. Initial categories and their definitions were established on a random sample of 30% of the responses to a question. For certain questions for the integration interview, we added additional categories subsequent to the initial 30% sample. However, no new categories within each schema were needed for the specialized interview.

The detailed coding manual that was developed (available from the first author) contained an extensive definition of each category as well as sample responses. For example, one schema was applied to the series of questions concerning the value of the setting (integrated or specialized) in facilitating the peer relations of the child with special needs. Sixteen categories were developed, including major areas related to program quality (e.g., the importance of the teacher's role or the structure of the program) and the presence of peers (specific interactions with children with or without special needs). Separate categories

were formed to capture the positive or negative impact of these factors. When applicable, multiple categories were coded.

## *Reliability*

Five coders were trained for a 6- to 8-week period. Following a thorough study of the coding manual and discussions to clarify issues, we scored a series of practice interview protocols and provided feedback. We selected 10 interviews to qualify for coding the main set of interviews to serve as standards. Each interview served as the unit of analysis during the training phase, and coders were required to achieve overall agreement of 85% with the previously established codes as determined by the coding coordinator.

Interobserver agreement was also obtained throughout the course of the coding for 25% of the interviews selected randomly for each coder. In this instance, both percentage agreement and Cohen's (1960) Kappa were applied to each question across interviews. For the integration interview, mean percentage agreement was 86.7% (range = 50 to 100%); the mean for Cohen's Kappa was .79 (range = .38 to 1.00). The specialized interview yielded a mean percentage agreement of 91.7% (range = 67 to 100%) and a mean Cohen's Kappa of .86 (range = .40 to 1.00). Individual questions were eliminated if they failed to achieve 65% agreement and a Kappa coefficient of .60. Those individual questions addressing common issues that were combined for analysis were included if the overall reliability met the criteria. Applying these criteria, we eliminated five stem questions and nine probe questions from the integration interview, but only one stem and one probe question from the specialized interview.

## **Results**

Three separate analyses of the data were carried out: (a) children enrolled in integrated programs, (b) children enrolled in specialized programs, and (c) matched groups comparing children enrolled in



integrated and specialized programs. The first two sets of analyses were primarily concerned with mothers' descriptions of their children's peer relations and friendships in relation to the educational setting and their associations with child and family characteristics. The comparisons between the integrated and specialized settings provided an opportunity to examine more directly any differences in mothers' perceptions with regard to the value of each setting in connection with the development of their child's peer relations and friendships. Demographic factors listed in Table 1 did not differ across the four special needs groups with regard to type of program,  $p > .05$ .

### ***Integrated Programs***

In this section, we provide a descriptive analysis of the overall responses of mothers whose children were enrolled in integrated programs. Mean proportions for initial responses to the questions are presented as are responses to probe questions when informative. For the first section of the interview, responses were obtained and averaged for seven interrelated questions on the value of the setting in relation to their child's learning to share, deal with conflicts, and cooperate as well as to questions related to the appropriate responsiveness of their child's peers during social play. As indicated in Table 2, mothers were overwhelmingly favorable in their views of the value of this setting, responding positively to a high proportion of items (mean  $_ .81$ ,  $SD=.21$ ). In fact, virtually all mothers perceived their child to have made recent gains in learning to share, resolve conflicts, and play cooperatively with others (83%). (Except for the initial question in the first section in which items were summed, all remaining data are presented as percentages of positive responses [usually yes] in relation to all other possibilities [e.g., no or uncertain].)

Probes of initial responses to obtain mothers' rationales related to the value of the setting for their child's peer relations

revealed an interesting pattern. As indicated in Table 2 (only categories that were selected at least 10% of the time were included), three (positive) categories predominated. First, mothers believed that the integrated setting promoted the development of their child's peer relations due to the effectiveness of the adults (usually teachers) in the setting. This response encompassed both their technical skills and personal characteristics. Second, mothers noted the importance of the quality of the program with an emphasis on structural aspects. This included the availability of appropriate materials, organization of the curriculum, and the physical arrangement of the room as they might affect peer relations. Third, mothers attributed the setting's value to the presence of peers in general. Opportunities for social learning and positive participation with peers in general characterized this category. It is important to note that other categories emphasizing the availability of typically developing children or children with special needs were possible but were rarely coded. (Section III of the interview addressed this issue more directly.)

It is interesting that when asked directly about the possible impact of the presence of children without special needs on their child's self-esteem, only 15% of the mothers were concerned. In fact, 27% thought the effect was a positive one. However, 40% of the mothers were concerned about possible rejection of their child by peers in the integrated setting.

For Section II, in addition to perceiving the integrated setting to be of value in terms of general peer relations, mothers also found that this setting supported the development of individual friendships. In fact, 75% of the mothers perceived the integrated program to be a good setting for their child to make friends, and most (76%) were able to identify one or more best friends in their child's class (see Table 2). Most children identified as friends were within one year of their own child's chronological age—CA (91%), were the same gender (91%), and met at the preschool

**Table 2**  
**Initial Responses and Responses to Probe**  
**Questions for the Integrated Programs Interview**

Interview	Proportion of respondents (n = 59)
Section I: Value of Setting for Peer Relations	
Positive: sharing, resolve conflicts, cooperate, etc.'	.81 (.21)
<b>Probes</b> (positive)	
Effectiveness of adults	.27 (.23)
Effectiveness of structure	.28 (.20)
<b>Effectiveness</b> of peers in general	.32 (.22)
Gains in peer relations	.83
Effects on self-esteem	
Positive	.27
<b>Negative</b>	.15
Neutral	.58
Rejection by peers	.40
Section II: Friendships	
Positive value of setting	.75
One or more best friends	.76
Friends with nonspecial needs	.65
Get together outside of preschool	.48
Enough friends (general)	.48
Enough friends (nonspecial needs)	.55
Enough friends (special needs)	.63
Prefer same age for nonspecial needs children	.71
<b>Probes</b>	
Model appropriate skills	.16
Similar interests	.30
Prefer younger for nonspecial needs children	.24
<b>Probes</b>	
Similar developmental levels	.13
Section III: Comparison Between Special and Nonspecial Needs Children	
Play <b>separately</b>	.15
Play with special needs	.80
Play with nonspecial needs	.90
Play better and more social due to nonspecial needs children	.50
<b>Probes</b>	
<b>Competence</b> model (positive)	.35
Not related to children	.06
Not notice differences	.28
Learns more social skills from nonspecial needs children	.66
<b>Probes</b>	
Competence model (positive)	.60
Not related to characteristics of peers	.20
Learns to share, resolve conflicts and <b>cooperate</b> from nonspecial needs	.26
<b>Probes</b>	
Competence model (positive)	.18
Not related to characteristics of peers	.31
Section IV: Value of Special Needs Children	
Important to have special needs peers in <b>program</b>	.69
<b>Probes</b>	
Similar skills and abilities	.29

Interview	Proportion of respondents (n = 59)
Encourages tolerance by peers	.25
Better program structure/services	.13
Unique benefits from playing with special needs peers	.80
<b>Probes</b>	
Encourages tolerance and acceptance toward peers	.43
Increased self-efficacy	.22
Improved social skills	.13
Comfortable if child only one with special needs	.46
Section V: Educational/Developmental Environment	
Appropriate demands for skills and information	.78
<b>Program adapted to special needs</b>	.53
Concerns regarding pace/complexity demands	.07
Program limits full participation	.14
Completed an IEP	.63
Changes needed to improve program	.39
<b>Probes</b>	
Improve program structure	.24
Improve adult effectiveness	.14
Obtaining special services needed	.56

'Data for this question are proportions of mothers responding positively averaged across the seven items, with SDs in parentheses. Values in the table for other questions (and probes) are proportions of mothers coded positive for the initial response and proportion selecting each category for probe items. Only probe responses of .10 or greater are presented in the tables.

(93%). Of interest (see Table 2), 65% of the children identified as best friends did not have any special needs, and nearly half of the friends played together outside of the school program as well. Nevertheless, over 50% of the mothers in the sample still did not feel their children had a sufficient number of friends (with or without special needs).

Finally, the issue of the CAs of their child's peers was examined. Mothers were asked whether the contributions of children without special needs would be more valuable if they were same-age or younger than their child. Seventy-one percent believed that their child's peers should be the same CA, primarily because they model appropriate skills and have similar interests. Twenty-four percent of the mothers believed that a younger nonspecial needs peer would contribute more because of similarities in developmental level.

Section III provided an opportunity

for mothers to compare the relative benefits their child might derive from interacting with special or children without special needs. As noted in Table 2, relatively few mothers (15%) believed that separate subgroups of children formed during play that were based on developmental status, and most thought that their child played with children with and without special needs. Overall, half the mothers thought that their child played better and was more social due to the participation of the children without special needs in the program. When probed, 35% of the mothers believed that this was a consequence of the fact that the children without special needs provided a positive model of competence (stimulation, motivation, responsiveness). Mothers who believed that their child's social play did not benefit from the participation of children without special needs usually noted that other program factors (e.g., class size) were more important or that children simply do not notice the differences in other children (28%).

A more specific question focusing on whether their child learned more *social skills* from children without special needs resulted in over two thirds providing a positive response, which, upon probing, was again attributed to the competence of the children without special needs. However, when the question was even more specific, namely, addressing the child's ability to take the perspective of others in more complex ways (i.e., share, resolve conflicts, cooperate), a much smaller proportion of mothers felt that children without special needs provided any benefits (26%). As revealed by the probes, apparently a competence ► model is not judged sufficient for these more complex aspects of peer-related social competence. In fact, 31% of the mothers believed that these forms of social interaction were not associated with the characteristics of their child's peers, either with or without special needs.

In Section IV, mothers were interviewed with regard to the value of the children with special needs from the perspective of peer relations. We note that

overall, approximately one quarter of the children in integrated programs had special needs. As shown in Table 2, 69% of the mothers believed that it is important to have other children with special needs in the program. Probes revealed that mothers felt that having other children with similar skills and abilities was important and that by having a number of children with special needs in the program, all children would be more likely to develop tolerance for and an understanding of differences. It is interesting that 13% of mothers observed that by having more children with special needs in the program, special services could be more easily and effectively adapted to the special needs of their child. When asked about unique benefits that result from playing with children who have special needs (80% agreed such benefits exist), the themes of tolerance, acceptance, and promoting more positive attitudes towards others were prominent (see Table 2). Others noted the possibility of increased social skills through modeling of children with special needs and the benefits to the child's sense of self through acceptance of his or her own level of skills and ability. Only 46% of the mothers would be comfortable if their child were the only one with special needs in the program.

The final section of the interview (Section V) addressed mothers' perceptions of the integrated setting as a valuable developmental/educational environment. As seen in Table 2, the overall response was positive, with most parents believing that the program places appropriate demands on their children to learn non-play-related skills and information and that the program is specifically adapted to their child's special needs. Few concerns were noted with regard to the pace and complexity of the program or any limits to full participation. In addition, 63% of the children had a completed IEP. Many mothers (39%) did suggest that changes were needed to improve the program, particularly the program's structure. A somewhat larger percentage thought that additional special (related) services would be beneficial.

*Comparison Between Children With Cognitive Delays and Communication Disorders.* In this analysis, comparisons were made between mothers of children with cognitive delays ( $n = 19$ ) and those with communication disorders only ( $n = 29$ ). The samples from children classified as at-risk and those with physical disabilities were too small to analyze meaningfully. It is important to note that the cognitive delay and communication disorder groups, although a subset of the larger sample described in Table 1, still maintained equivalent demographic factors; no significant differences were obtained for any measure between the two groups, separate  $t$  tests:  $p > .05$ . Due to the large number of questions, a more conservative significance level,  $p < .01$ , was set for all comparisons between children with cognitive delays and communication disorders based on mothers' responses to the interview.

Despite certain trends, mothers from both groups held similar views for both initial responses and probe questions. The only reliable difference that did occur was related to the number of friends without special needs. Mothers reported that 80% of the children with communication disorders had enough friends without special needs in comparison to only 27% for children with cognitive delays,  $\chi^2(1, N = 30) = 656, p < .01$ . However, this result may well be attributed to the fact that fewer children without special needs were enrolled in integrated programs for children with cognitive delays than those with communication disorders,  $t(44) = 3.08, p < .01$ . In fact, children with cognitive delays were involved less frequently in fully mainstreamed programs (i.e., more reverse mainstreamed or integrated programs,  $\chi^2(2, N = 48) = 13.35, p < .001$ , were more likely to be located in public schools,  $\chi^2(1, N = 48) = 6.89, p < .01$ , and have more resource staff available,  $t(44) = 2.76, p < .01$ . It is interesting that despite these differences in program type, mothers held similar views regarding the program's impact on their child's peer relations, friendships, and related issues.

## Specialized Programs

A total of 203 children from the larger sample were enrolled in specialized programs. As indicated in Sections I and II of Table 3, a substantial proportion of mothers of children enrolled in specialized programs perceived the setting to be of value in promoting their child's peer relations and friendships. For children's peer relations, the rationale (see probes) provided by mothers reflected a pattern similar to that described for mothers of children enrolled in integrated programs. For friendships, 76% of the mothers believed the specialized setting to be a good one for their child to make friends, primarily attributing to this setting the availability of peers in general. Moreover, nearly 80% of the mothers reported that their child had one or more best friends in the program. Friends were typically similar in CA (96% within one year of age), of the same gender (89%), and met at the preschool (97%). All of the children's best friends (100%) also had special needs and about one third also played together outside of school.

**Table 3**  
Initial Responses and Responses to Probe Questions for the Specialized Groups Interview

Interview	Proportion of respondents ( $n = 203$ )
Section I: Value of Setting for Peer Relations	
Positive: sharing, resolve conflicts, cooperate, etc.'	.79 (.19)
Probes (positive)	
Effectiveness of adults	.20 (.20)
Effectiveness of structure	.25 (.20)
Effectiveness of peers in general	.30 (.22)
Effectiveness of own child's behaviors	.18 (.18)
Gains made in peer relations	.81
Probes	
Less negative behavior	.23
More social skill	.63
More assertive	.07
Section II: Friendships	
Positive value of setting	.76
Probe	
Availability of peers in general	.45
One or more best friends in class	.79

(continued next page)

(Table 2 continued)

Interview	Proportion of respondents ( <i>n</i> = 203)	Interview	Proportion of respondents ( <i>n</i> = 203)
Section III: Comparison of Peers With and Without Special Needs <sup>a</sup>		Section V: Educational/Developmental Environment	
Play better and more social if nonspecial needs children in program	.35	Probes	
Probes		Encourages tolerance and acceptance toward peers	.60
Provide competence model	.26	Increased self-efficacy	.16
Not related to child characteristics	.22	Improved social skills	.12
Children don't notice differences	.19	Section V: Educational/Developmental Environment	
Learn social skills more from nonspecial needs children	.51	Probes	
Probes		Appropriate demands for skills and information	.85
Provide competence model	.49	Program adapted to special needs	.86
Not related to child	.11	Getting special services needed	.81
Not notice differences	.13	Completed an IEP	.86
Learn to share, resolve conflicts, and cooperate more from nonspecial needs children	.08	Concerns regarding pace/complexity	.02
Probes		Program limits full participation	.06
Not related to characteristics of peers	.39	Changes needed to improve program	.30
Not notice differences	.28	Probes	
Enough friends if nonspecial needs children in program	.90	Improve program structure	.19
Enough nonspecial needs friends	.84	Improve adult effectiveness	.04
Enough special needs friends	.88		
Effect on self-esteem	.11		
Probes			
Nonspecial needs children provide competence model	.10		
Not related to children	.20		
Not notice differences	.21		
Would be concerned about rejection	.51		
Probes			
Negative behavior of own child	.11		
Negative peer attitude	.24		
Positive behavior of own child	.25		
Positive peer attitude	.12		
Concerns about pace or demands	.36		
Probes			
Negative regarding child's ability	.30		
Negative regarding program	.12		
Positive regarding child's ability	.27		
Positive regarding program	.13		
Teacher expectations			
Not any different	.40		
Higher	.31		
Lower	.09		
Age nonspecial needs children would be more valuable			
Same age (within a year)	.70		
Probes			
Model appropriate skills	.37		
Similar interests	.21		
Younger	.23		
Probe			
Similar developmental level	.17		
Section IV: Value of Having Special Needs Children Available			
Important to have other special needs child in program	.79		
Probes			
Similar skills important	.38		
Encourages tolerance by peers	.25		
Better program structure to re/sery ices	.18		
Benefits from playing with special needs child	.78		

<sup>a</sup>Data for this question are proportions of mothers responding positively averaged across the seven items, with SDs in parentheses. Values in the table for other questions (and probes) are proportions of mothers coded positive for the initial response and proportion selecting each category for probe items. Only probe response of .10 or greater are presented in the tables. Items in Section III are speculative based on supposition that the child is enrolled in program including children with and without special needs.

It is interesting to note that only 28% of families reported that they had an option to enroll their child in a program containing children without any special needs. Of those who did not have an option, 44% stated that they would have preferred to have a choice of program that included children without special needs. In Section III this issue was probed further and was unique in that mothers were provided with the opportunity to speculate about their child's peer relations and friendships if he or she were to be enrolled in an integrated program.

Specifically, mothers were asked to imagine that their child was enrolled in an integrated program in which half of the children did not have any special needs. As indicated in Table 3, only 35% of the mothers thought their child would play better and be more social, primarily attributing those benefits to the competence models presented by children without special needs. For the same reason, 51% of the mothers believed that their child would learn more social skills from children without special needs. However, as was the

case for mothers of children enrolled in integrated programs, only 8% of the mothers felt that their child would benefit from children without special needs for more demanding social tasks (i.e., sharing, resolving conflicts, playing cooperatively). For the most part, mothers attributed this belief to their contention that the characteristics of peers are not particularly important for these more complex social skills. Nevertheless, most mothers believed that their child would have enough friends in this program (90%), with a sufficient number of friends who did (88%) and did not (84%) have special needs. Mothers also generally did not believe that participation of children without special needs would have any impact on their child's self-esteem (11%).

However, slightly over 50% of the mothers were concerned about their child being rejected in the integrated program. Probes revealed that concerns about rejection revolved around the attitudes of the peers in the setting and their own child's behavior (see Table 3). Those not concerned emphasized the positive behavior of their own child as well as positive peer attitudes. Because more general questions regarding rejection have suggested that mothers are more concerned about peer rejection in integrated than in specialized settings (Guralnick, 1994), further analyses were conducted. Specifically, the group was divided into mothers concerned about rejection of their child in integrated settings (51%) and those indicating an absence of concern (49%). Demographics and the distributions of children in the four special needs groups were examined first and revealed no differences on any measures between the two groups,  $p > .05$ . However, analyses of child characteristic measures indicated that mothers concerned about rejection had children who obtained lower scores for Full-Scale IQ,  $t(184) = 1.99, p < .05$ , VIQ,  $t(184) = 2.52, p < .05$ , and the Vineland motor scale,  $t(194) = 2.25, p < .05$ , than children of mothers not concerned about rejection. In addition, children whose mothers were concerned about

rejection had significantly more total behavior problems as measured by the Child Behavior Checklist,  $t(194) = 2.92, p < .01$ .

Mothers were also asked about related aspects of the hypothetical integrated program. As Table 3 indicates, about one third were worried about the pace or demands of the program as a consequence of the involvement of children without special needs, and about the same proportion felt that teacher expectations of their child would be higher. Only 9% felt that expectations would be lower. Most mothers (70%) also believed that children without special needs of the same age rather than younger children would be more valuable primarily due to the existence of similar interests and modelling of appropriate skills.

In Section IV, the questions focused on the value of being with peers who also have special needs. Nearly 80% of the mothers thought that it was important that other children with special needs participate in their child's program. They felt that it would benefit their child to have children available with similar skills, that tolerance and acceptance by peers would be enhanced, and that there would be an overall positive effect on the program's structure and services. Mothers also reported that their child would benefit or has benefitted in specific ways from playing with children with special needs. A high percentage (60%) believed that playing with other children with special needs encourages more tolerance and acceptance of their peers. Increased self-efficacy and improved social skills were also noted as benefits, but to a lesser extent (see Table 3).

In Section V, mothers were asked to evaluate their child's current specialized program in terms of the quality of the general educational/developmental environment. Mothers in this sample were overwhelmingly positive, noting that (a) demands for nonsocial-related skills and information were appropriate, (b) the program was adapted specifically to meet their child's needs, (c) needed special services were available, and (d) their child had a completed IEP. Mothers also had virtually no concerns about the pace

and complexity of the program or that limits were placed on their child's full participation. On average, 30% of the mothers believed the program could be improved, primarily through changes in the program's structure.

*Comparisons Among Different Groups of Children and Correlations Within Groups.* Separate analyses were conducted comparing responses of mothers of children falling into each of the four special needs groups. No significant differences,  $p > .01$ , were obtained, suggesting that irrespective of the type of their child's disability or at-risk status, mothers hold similar views across all dimensions investigated (i.e., peer relations, friendships, hypothetical comparisons for children with and without special needs, value of having children with special needs available, and the educational/developmental environment). Moreover, there was no association between child's type of disability and any structural aspects of the program such as the number of children with special needs in the program, the number of teachers or aides, or the availability of resource staff. Finally, separate matrices were developed correlating demographic and individual child measures (e.g., IQ, language scores) with each of the major responses to the interview questions. No meaningful patterns were obtained.

*Comparisons Between Specialized and Integrated Programs.* Sections I and V of both the integrated and specialized program interviews contained related questions. To obtain comparisons not confounded by family or child characteristics, we formed equivalent groups by matching each of the 59 children enrolled in an integrated program with children who had similar family and child characteristics from the specialized groups. The following process was followed to accomplish this comparison. First, children from the same special needs group (cognitive delay, communication disorder, physical disability, at-risk) as the to-be-matched (integrated) child were identified from among those enrolled in specialized programs. A small subgroup was then formed based on key demo-

graphic and child characteristics within predetermined ranges. Specifically, a subgroup was formed on the basis of CA ( $\pm 6$  months), family social status ( $\pm 10$ ), Full-Scale IQ score ( $\pm 10$ ), and Vineland Adaptive Behavior Scales total score ( $t10$ ). From this subgroup, one child was randomly selected. Occasionally, the range had to be expanded to achieve a match. Nevertheless, this process resulted in matched groups confirmed by two-tailed  $t$  tests,  $p > .01$ , and chi-square tests (for dichotomous measures) carried out on all child characteristic and demographic variables.

Separate  $t$  tests for the proportion of mothers reporting on the value of their respective setting with regard to improving their child's peer relations (Section I) revealed no differences between the two groups except for one aspect of the probe related to their child's own behaviors,  $t(116) = 2.63, p < .01$ . In particular, more mothers of children in the specialized than integrated program were positive because of confidence in their own child's abilities and behaviors. However, a pattern of reliable differences was obtained when comparing the educational/developmental environments of the programs (Section II). Specifically, mothers of children in specialized programs were much more satisfied than mothers of children in integrated programs with regard to the program being adapted specifically to the special needs of their child,  $\chi^2(1, N = 118) = 9.80, p < .01$ , and for obtaining special services,  $\chi^2(1, N = 118) = 6.56, p < .01$ . Moreover, a greater proportion of children in specialized than integrated programs had a completed IEP,  $\chi^2(1, N = 118) = 11.97, p < .001$ .

Additional comparisons were obtained with regard to the characteristics of the program itself (number of children with special needs, hours per week child attends, length of time enrolled, number of teachers/aides, number of resource staff members, frequency with which parent observes program, location of program). Mothers were also asked to rate the goals of their child's program (e.g., social interaction, communication/speech, individual

development, motor skills) and the reason that specific program was selected. As expected, more children with special needs,  $t(116) = 9.32, p < .001$ , and more resource staff members,  $t(114) = 4.45, p < .001$ , were found in specialized rather than integrated programs, and a greater proportion of specialized programs were operated by the public school,  $\chi^2(1, N = 118) = 18.95, p < .001$ . No other differences were obtained, although a strong trend was observed for mothers in integrated programs to rank social interaction more often as a goal of their child's program than did mothers in specialized programs,  $\chi^2(1, N = 118) = 4.89, p < .05$ . Nevertheless, social interaction was highly ranked by mothers of children in both integrated programs (ranked first) and specialized programs (ranked behind communication/speech but part of a cluster of similar rankings including school readiness and motor skills).

## Discussion

In-depth interviews with mothers of pre-school-age children with established disabilities and those at-risk addressed the relation between their child's peer relationships and friendships and the type of educational placement. Based on mothers' rankings of the goals of their child's program, it was evident that irrespective of placement in an integrated or specialized program, the development of their child's ability to interact socially with peers was given high priority. Moreover, it was equally evident that, based both on absolute percentages as well as comparisons between matched groups, mothers of children in both integrated and specialized settings perceived their respective setting to be of value for the development of their child's peer relationships and friendships and provided similar rationales.

Mothers of children enrolled in integrated programs were asked to compare the contributions of the children with and without special needs in the setting to the development of their own child's peer relations. Well over half thought their child

benefitted specifically from relationships with children without special needs in connection with watching and learning social skills, playing better, and becoming more social. Probe questions revealed that the primary rationale for these beliefs was that children without special needs served as more competent models who are emulated by their child. In contrast, mothers did not believe that children without special needs contributed to their child's ability to resolve conflicts, share, or cooperate in play. It is interesting that this distinction between the value of children without special needs in promoting the overall social interactions of children with special needs and the ability to carry out important social tasks (i.e., improved peer-related social competence) closely corresponds to research findings on the relation between educational setting and children's peer relationships. Specifically, evidence indicates that children with disabilities in integrated as compared to specialized programs manifest increased levels of social interactions (e.g., positive leads, using others as resources, observe more) but that their ability to carry out important social tasks such as resolving conflicts remains essentially unaffected (Guralnick, 1990b, in press; Guralnick & Groom, 1987, 1988a).

Similarly, when mothers of children enrolled in specialized programs were presented with a hypothetical situation in which their child was enrolled in an integrated setting, they also recognized certain benefits of having children without special needs available. Specifically, similar to mothers of children in integrated programs, approximately one half felt that their child would watch and learn more social skills from children without special needs, primarily as a consequence of the competence model provided by children without special needs. However, virtually none felt that their child's ability to solve social tasks would benefit.

Despite the benefits attributed to children without special needs, the vast majority of the mothers of children in integrated programs saw value in having



other children with special needs available in their child's program. In part, this was based on the stated importance of having other children with similar skills and abilities available for their child. However, greater emphasis was given to the belief that the presence of children with special needs encourages tolerance and acceptance of others. A similar response pattern was obtained for mothers of children enrolled in specialized programs. Clearly, as communities design integrated options for families, they must consider these apparently widely held beliefs in order to maximize participation.

In a related matter, the possible rejection of children with special needs by children without special needs is a pervasive and troubling issue. On the one hand, parents want their children to "learn about the real world" (e.g., Bailey & Winton, 1987; Guralnick, 1994), yet they appear to be equally concerned that rejection of their child is more likely to occur in integrated than specialized settings (e.g., Guralnick, 1994). Indeed, 40% of the mothers of children currently enrolled in integrated programs were concerned about rejection, primarily as a consequence of negative behaviors on the part of their own child. Projecting into the hypothetical integrated situation for children enrolled in specialized programs, mothers were slightly more concerned about rejection (51%). It is interesting, however, that the reasons for their concern were not related primarily to their child's behavior but rather to negative peer attitudes. In contrast, mothers not concerned about rejection cited their child's positive behavior as the primary reason. Moreover, children of mothers who were concerned about rejection had lower scores on measures of cognitive and motor development but were rated higher in behavior problems in comparison to children of mothers not indicating rejection as a concern. To the extent to which these negative attitudes actually exist in integrated settings and whether they manifest themselves in rejection of children with disabilities is not known.

Evidence is available, however, indicating that in integrated settings children with special needs are, as a group, less accepted and more often rejected from a sociometric perspective and tend to have progressively greater difficulties gaining access to peer groups (e.g., Guralnick & Groom, 1987). In view of the disproportionately large number of children with special needs exhibiting problems in peer-related social competence (Guralnick, 1990b), it is not surprising that rejection by peers would be more common. However, no data are available to suggest that rejection is more common in integrated as opposed to specialized programs. Research related to this issue and to the specific forms rejection might take would help clarify these concerns and provide a basis for developing strategies to minimize problems from the perspectives of both parents and professionals.

Concerns regarding rejection notwithstanding, it is interesting to note that the overwhelming majority of mothers in both settings reported that their child had at least one best friend in the program and that they met at the preschool. Of interest, young children with special needs have nearly twice as many nonspecial needs friends than friends with special needs in integrated programs, suggesting a reasonable degree of social integration. Moreover, nearly half of school-based friendships extended to the community, suggesting further that friendships formed in the preschool have important implications for community integration as well. Clearly, the absence of children without special needs in specialized programs has implications for both preschool and community interactions with children without special needs.

As revealed by the matched group analyses, mothers of children in both integrated and specialized programs favorably evaluated their child's educational/developmental program. They believed that the curricular demands were appropriate and had few concerns about the program's pace or complexity or about their child's ability to fully participate. However, this analysis also

revealed what appears to be a persistent concern of families whose children are enrolled in integrated settings. In particular, significantly fewer mothers of children in integrated programs believed the program was adapted specifically to their child's special needs and were more concerned about obtaining needed special services. Moreover, in comparison to mothers of children in specialized settings, those in integrated settings reported that they did not have a completed IEP for their child. This concern regarding the availability of special services and adaptations to children with special needs appears repeatedly both for this sample (Guralnick, 1994) and for other samples (e.g., Bailey & Winton, 1987). Accordingly, in order to establish quality inclusive settings, these issues must be addressed at all levels, including resource allocation, teacher training programs, and the effective and efficient uses of consultation and itinerant service models.

An additional finding of this study was that the perspectives of mothers on a wide range of issues related to peer relationships and friendships did not differ in accordance with their child's disability status within the range of the sample investigated. The absence of differences among children with different types or severities of disabilities is consistent with previous research addressing more general aspects of the benefits and drawbacks of mainstreaming (see Guralnick, 1994, and Stoneman, 1993) and extends these findings to maternal perceptions of the value of peer relationships and friendships. Although children with behavior problems may appear to generate a unique set of responses (Green & Stoneman, 1989; Guralnick, 1994), in general mothers of young children at-risk and those with established but diverse disabilities appear to share similar opinions regarding both general (broadly based benefits and drawbacks) and specific (peer relationships and friendships) characteristics of children's educational settings.

Interview research, even that carried out with large samples, cannot avoid many

of the problems typically associated with this type of investigation. For example, there may be a natural tendency for families to overstate their satisfaction with their child's current placement and to minimize the benefits of other options. Related concerns exist with regard to the accuracy of mothers' responses, although mothers' perceptions are nevertheless important. Moreover, these data relied on families willing to participate, and confidentiality related to the recruitment procedures did not permit an assessment of families who elected not to consent. Despite the fact that our sample was large and generally reflected the proportion of children enrolled in integrated and specialized programs in our community, concerns remain about the representativeness of this or any sample. Nevertheless, data obtained from in-depth interviews described in this study appear to provide a logical and consistent pattern of outcomes. Focused replications and convergent approaches related to parental concerns, peer rejection in particular, would help clarify issues identified in this study.

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